



LAY RESCUER AED IMPLEMENTATION GUIDELINES

PURPOSE

This is a guidance document to assist businesses and organizations implement Lay Rescuer automated external defibrillator programs within the ICEMA region. Using automated external defibrillators (AED) for out-of-hospital cardiac arrests has been proven to increase survival rates. ICEMA supports the use of Lay Rescuer (non-licensed or non-certified personnel person) access AEDs within the ICEMA region, and these guidelines are intended to facilitate the proliferation of AED programs.

AUTHORITY

1. California Health and Safety Code Sections 1797.5, 1797.107, 1797.190 and 1797.196.
2. California Code of Regulations Title 22, Division 9, Chapter 1.8 Sections 100031 through 100040, as revised January 8, 2009. (See Attachment C).

REQUIREMENTS OF BUSINESS/ORGANIZATION/INDIVIDUAL

1. Become familiar and comply with California AED regulations and statutes, referenced above.
2. Complete a Notification of Defibrillator Site form (Attachment A) listing each AED unit being deployed in the ICEMA region. Submit the form to:

ICEMA
1425 South "D" Street
San Bernardino, CA 92415-0060

3. Re-submit a Notification of Defibrillator Site form if any of the information becomes outdated (i.e., the AED is moved to a different location, a new AED is purchased, etc.).
4. Every time an AED is used, complete the Report of Defibrillator Use form (Attachment B), and submit via fax to ICEMA at (909) 388-5825, within twenty-four (24) hours of use.

IMPLEMENTATION CHECKLIST

Listed below are key elements taken from the California AED regulations and statutes. Each element must be satisfied to implement a Lay Rescuer AED programs within the ICEMA region.

<input type="checkbox"/>	Notify ICEMA of the existence, location, and type of every AED within the ICEMA region. The business or organization responsible for the device must, at the time the device is acquired and placed, notify ICEMA. (Attachment A).
<input type="checkbox"/>	Expected AED users/rescuers must complete a training course in cardiopulmonary resuscitation (CPR) and in use of the AED device. The training curriculum must comply with regulations adopted by the California Emergency Medical Services Authority, the standards of the American Heart Association, or the American Red Cross. The training shall include a written and skills examination.
<input type="checkbox"/>	Any AED training course for non-licensed or non-certified personnel (Lay Rescuers) shall have a physician medical director.
<input type="checkbox"/>	A California licensed physician and/or surgeon must be involved in developing an internal emergency response plan for the site of the AED. The physician/surgeon is responsible for ensuring the businesses or organization's AED program complies with State regulations and requirements for training, notification, and maintenance. The internal emergency response plan shall include, but not be limited to, the provisions for immediate notification of 911 and AED-trained on-site personnel, upon discovery of the emergency. As well as procedures to be followed in the event of an emergency that may involve the use of an AED.
<input type="checkbox"/>	The business/organization/lay rescuer in possession of the AED must comply with all regulations governing the training, use, and placement of the device.
<input type="checkbox"/>	The AED must be maintained and regularly tested according to the manufacturer's operation and maintenance guidelines, the American Red Cross, and American Heart Association. Maintenance and testing must also comply with any applicable rules and regulations set forth by the US Food and Drug Administration and any other applicable authority.
<input type="checkbox"/>	The AED must be checked for readiness at least once every thirty (30) days and after each use. Records of these periodic checks shall be maintained by the business/organization in possession of the device.
<input type="checkbox"/>	A mechanism shall exist to ensure that any person rendering emergency care or using the AED activate the emergency medical services system (911) immediately. Further, the business/ organization in possession of the AED is responsible for reporting any use of the AED to the physician medical director and to ICEMA. (Attachment B).
<input type="checkbox"/>	A mechanism shall exist that assures the continued competency of the expected AED users/ rescuers employed by the business/organization in possession of the AED. Such mechanism shall include periodic training and skills proficiency demonstrations sufficient to maintain competency.
<input type="checkbox"/>	For every AED unit acquired up to five (5) units, no less than one (1) employee per AED unit shall complete a training course in CPR and AED. After the first five (5) AED units are acquired, for each additional five (5) AED units acquired, one (1) additional employee shall be trained beginning with the first additional AED unit acquired. The business/organization in possession of the AED shall have trained employees available to respond to a cardiac emergency during normal operating hours.

ATTACHMENT A**Notification of Defibrillator Site**

Physician Medical Director Information	
Physician's Name:	
CA Medical License No:	
Physician's Phone No:	
I am serving as the Physician Medical Director for this defibrillation program as described in the California Code of Regulations, Section 100039. I hereby certify that the AED program described herein complies with all applicable laws and regulations, including placement, use, training, and maintenance of the device(s).	
Date:	Signature:
On-Site Contact Information	
Name of On-Site Contact:	
Employer:	
Phone Number of On-Site Contact:	
Physical Address of On-Site Contact:	
Mailing Address of On-Site Contact:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

AED Location Information	
Name of Building or Complex:	
Physical Address:	
Nearest Cross Street:	
Floor and location of device placement:	
Closest/Fastest Street Access Point:	
Equipment Information	
Make:	
Model:	
Is AED in an alarmed/locked cabinet?	
Date of placement at this location:	

ATTACHMENT B**Notification of Defibrillator Site**

Name Of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Place of Occurrence: (Address & specific location)	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED at victim?	
Time of first shock (if given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Responder Name(s):	
Name and phone number of person completing form:	

Additional Comments Information:

FAX this completed report to ICEMA within twenty-four (24) hours of use of an AED.

FAX to: (909) 388-5825